INITIAL INFORMATION DATA SHEET

Inventor Information

Inventor One Given Name::

Family Name::

Postal Address Line One::

City::

State or Province::
Postal or Zip Code::

City of Residence::

State or Prov. Of Residence::

Citizenship Country::

Inventor Two Given Name::

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Postal Address Line One::

City::

State or Province::

Postal or Zip Code::
City of Residence::

State or Prov. Of Residence::

County of Residence::

Citizenship Country::

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Family Name::

Postal Address Line One::

City::

State or Province::
Postal or Zip Code::
City of Residence::

State or Prov. Of Residence::

Citizenship Country::

Inventor Five Given Name::

Family Name::

Postal Address Line One::

Postal Address Line Two::

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State or Province::
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State or Prov. Of Residence::

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Family Name::

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State or Province:: Postal or Zip Code::

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State or Prov. Of Residence::

OR

Citizenship Country::

US

Correspondence Information

Correspondent Customer Number::

25,784

Electronic Mail::

mospatents@cs.com

Application Information

Title Line One::

Photolithography Mask Repair

Formal Drawings?::

Yes

Application Type::

Utility

Docket Number::

F118B

Continuity Information

This application is a::

Non-Prov. of Provisional

>Application One::

60/411,699

Filing Date::

September 18, 2002

Representative Information

Representative Customer Number::

25,78